

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> <b>101030529</b>	<small>FILING DATE</small> 				
							<small>APPLICANT(S)</small> 					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	16						TOTAL IND.					
TOTAL DEP.	18						TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					